



DOUGLAS A. DUCEY  
GOVERNOR

STATE OF ARIZONA  
OFFICE OF THE GOVERNOR

EXECUTIVE OFFICE

April 17, 2018

The Honorable Michele Reagan  
Secretary of State  
1700 W. Washington, 7<sup>th</sup> Floor  
Phoenix, AZ 85007

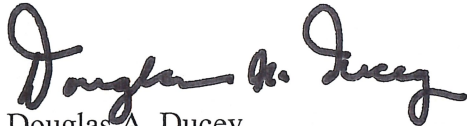
Dear Secretary Reagan:

I am transmitting to you the following bills from the Fifty-third Legislature, 2<sup>nd</sup> Regular Session, which I signed on April 17, 2018:

HB 2040 pharmacy board; definitions; reporting (Carter)  
HB 2041 pharmacy board; licenses; permits (Carter)  
HB 2065 public meetings; definition; penalties (Leach)  
HB 2125 task force; towing safety (Shope)  
HB 2126 government property; abatement; slum; blight (Leach)  
HB 2249 protective orders; filing requirements (Farnsworth, E.)  
HB 2250 physician assistants; prescribing authority; delegation (Carter)  
HB 2257 radiation regulatory boards; repeal; DHS (Carter)  
HB 2262 condominiums; termination; appraisals (Toma)  
HB 2306 towing companies; insurance companies; owners (Campbell)  
HB 2313 sentencing; monetary obligations; fine mitigation (Farnsworth, E.)  
HB 2322 health insurers; provider credentialing (Carter)  
HB 2327 federal officers; personal information; confidentiality (Farnsworth, E.)  
HB 2334 liquor omnibus (Weninger)  
HB 2411 health professionals; licensure; report (Mosley)  
HB 2521 vehicle size, weight and load (John)  
HB 2549 controlled substances; dosage limit (Carter)  
HB 2550 contractor qualifications; work experience (Toma)  
HB 2558 drug disposal; education (Cobb)  
HB 2588 misrepresentation; service animals (Cook)

HB 2604 limited liability company act; revisions  
SB 1065 commercial vehicles; ports of entry (Brophy McGee)  
SB 1120 tax exemption; special events; nonprofits (Kavanagh)  
SB 1152 education; appropriation; noncustodial federal monies (Allen, S.)  
SB 1218 developmental homes; licensure; investigations (Brophy McGee)  
SB 1264 gift cards; dormancy fee; prohibition (Yarbrough)  
SB 1274 public monies; recovery; illegal payments (Petersen)  
SB 1291 schools; pupil assessment data (Brophy McGee)  
SB 1295 producer fees; insurance (Kavanagh)  
SB 1400 aggravated DUI; sentence; county jail (Smith)  
SB 1450 independent oversight committees; appointment; duties (Barto)

Sincerely,

A handwritten signature in black ink, reading "Douglas A. Ducey". The signature is fluid and cursive, with the first name "Douglas" being the most prominent.

Douglas A. Ducey  
Governor  
State of Arizona

cc: Senate Secretary  
Chief Clerk of the House of Representatives  
Arizona News Service

Senate Engrossed House Bill

**FILED**

**MICHELE REAGAN**

**SECRETARY OF STATE**

State of Arizona  
House of Representatives  
Fifty-third Legislature  
Second Regular Session  
2018

**CHAPTER 238**

# **HOUSE BILL 2322**

AN ACT

AMENDING SECTIONS 20-456, 20-827 AND 20-829, ARIZONA REVISED STATUTES;  
AMENDING TITLE 20, ARIZONA REVISED STATUTES, BY ADDING CHAPTER 26;  
RELATING TO HEALTH INSURERS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Section 20-456, Arizona Revised Statutes, is amended to  
3 read:

4 20-456. Cease and desist order for defined or prohibited  
5 practices; civil penalty

6 A. If after a hearing the director finds that the person charged  
7 has engaged or is engaging in any act or practice defined in or prohibited  
8 under this article as an illegal or unfair method of competition or an  
9 unfair or deceptive act or practice, the director shall order the person  
10 to cease and desist from the proscribed acts or practices.

11 B. If the act or practice is a violation of section 20-443,  
12 20-443.01, 20-444, 20-445, 20-446, 20-447, 20-448, 20-448.01, 20-448.02,  
13 20-449, 20-451, 20-452 or 20-467, CHAPTER 26 OF THIS TITLE or a general  
14 business practice of committing or performing acts or omissions proscribed  
15 by sections 20-461, ~~and~~ 20-468 and 20-469, the director may also impose a  
16 civil penalty of not more than one thousand dollars for each act or  
17 violation but not to exceed an aggregate penalty of ten thousand dollars  
18 unless the person intentionally violates any section enumerated in this  
19 subsection, in which case the director may impose a civil penalty of up to  
20 five thousand dollars for each act or violation but not to exceed an  
21 aggregate penalty of fifty thousand dollars in any six month period.

22 C. No order of the director pursuant to this section or order of a  
23 court to enforce it, or holding of a hearing, may in any manner relieve or  
24 absolve any person affected by the order or hearing from any other  
25 liability, penalty or forfeiture under law.

26 Sec. 2. Section 20-827, Arizona Revised Statutes, is amended to  
27 read:

28 20-827. Participating health care professionals; definition

29 A. A corporation holding a certificate of authority under this  
30 article may enter into contracts only with licensed hospitals ~~approved for~~  
31 ~~participation by the board of directors of the corporation,~~ and with  
32 physicians, surgeons, dentists, optometrists, certified registered nurses,  
33 registered nurse practitioners, psychologists and chiropractors duly  
34 licensed and qualified to practice in this state, and may enter into  
35 contracts of participation with any hospital maintained and operated by  
36 this state or any political subdivision of this state.

37 B. A person subject to this article shall not:

38 1. Restrict or prohibit, by means of a policy or contract, whether  
39 written or otherwise, a licensed health care professional's good faith  
40 communication with the health care professional's patient concerning the  
41 patient's health care or medical needs, treatment options, health care  
42 risks or benefits.

43 2. Terminate a contract with or refuse to renew a contract with a  
44 health care professional solely because the professional in good faith  
45 does any of the following:

- 1 (a) Advocates in private or in public on behalf of a patient.
- 2 (b) Assists a patient in seeking reconsideration of a decision made
- 3 by the person to deny coverage for a health care service.
- 4 (c) Reports a violation of law to an appropriate authority.
- 5 C. For the purposes of this section, "health care professional" has
- 6 the same meaning prescribed in section 20-3151.
- 7 Sec. 3. Section 20-829, Arizona Revised Statutes, is amended to
- 8 read:

9 20-829. Directors

10 The directors of ~~such~~ a corporation GOVERNED BY THIS ARTICLE shall

11 at all times include representatives of:

12 ~~1. Administrators or trustees of hospitals which have contracted~~

13 ~~with the corporation to render hospital service to subscribers, if the~~

14 ~~corporation is a hospital service corporation or a hospital and medical~~

15 ~~service corporation.~~

16 ~~2. Physicians and surgeons licensed to practice in this state who~~

17 ~~have contracted with the corporation to render medical service to~~

18 ~~subscribers, if the corporation is a medical service corporation or a~~

19 ~~hospital and medical service corporation.~~

20 ~~3. 1. Dentists licensed to practice in this state who have~~

21 ~~contracted with the corporation to render dental service to subscribers~~

22 ~~and who constitute a majority of the directors of the corporation, if the~~

23 ~~corporation is a dental service corporation.~~

24 ~~4. 2. Optometrists licensed to practice in this state who have~~

25 ~~contracted with the corporation to render optometric service to~~

26 ~~subscribers, if the corporation is an optometric service corporation.~~

27 ~~5. 3. The general public, exclusive of hospital representatives~~

28 ~~and physicians, dentists and optometrists.~~

29 Sec. 4. Title 20, Arizona Revised Statutes, is amended by adding

30 chapter 26, to read:

31 CHAPTER 26

32 PROVIDER CREDENTIALING

33 ARTICLE 1. GENERAL PROVISIONS

34 20-3401. Definitions

35 IN THIS CHAPTER, UNLESS THE CONTEXT OTHERWISE REQUIRES:

36 1. "APPLICANT" MEANS A PROVIDER THAT SUBMITS A CREDENTIALING

37 APPLICATION TO A HEALTH INSURER TO BECOME A PARTICIPATING PROVIDER IN THE

38 HEALTH INSURER'S NETWORK.

39 2. "APPLICATION" MEANS AN APPLICANT'S INITIAL APPLICATION TO BE

40 CREDENTIALLED AS A PARTICIPATING PROVIDER.

41 3. "CREDENTIALING" MEANS TO COLLECT, VERIFY AND ASSESS WHETHER A

42 PROVIDER MEETS RELEVANT LICENSING, EDUCATION AND TRAINING REQUIREMENTS TO

43 BECOME OR REMAIN A PARTICIPATING PROVIDER.

44 4. "DESIGNEE" MEANS A THIRD PARTY TO WHOM THE HEALTH INSURER HAS

45 DELEGATED CREDENTIALING ACTIVITIES OR RESPONSIBILITIES.

1           5. "HEALTH INSURER" MEANS A DISABILITY INSURER, GROUP DISABILITY  
2 INSURER, BLANKET DISABILITY INSURER, HEALTH CARE SERVICES ORGANIZATION,  
3 HOSPITAL SERVICE CORPORATION, MEDICAL SERVICE CORPORATION OR A HOSPITAL,  
4 MEDICAL, DENTAL AND OPTOMETRIC SERVICE CORPORATION AND INCLUDES THE HEALTH  
5 INSURER'S DESIGNEE. HEALTH INSURER DOES NOT INCLUDE A PHARMACY BENEFITS  
6 MANAGER AS DEFINED IN SECTION 20-3321.

7           6. "LOADING" MEANS TO INPUT A PARTICIPATING PROVIDER'S INFORMATION  
8 INTO A HEALTH INSURER'S BILLING SYSTEM FOR THE PURPOSE OF PROCESSING  
9 CLAIMS AND SUBMITTING REIMBURSEMENT FOR COVERED SERVICES.

10          7. "PARTICIPATING PROVIDER" MEANS A PROVIDER THAT HAS BEEN  
11 CREDENTIALLED BY A HEALTH INSURER OR ITS DESIGNEE TO PROVIDE HEALTH CARE  
12 ITEMS OR SERVICES TO SUBSCRIBERS IN AT LEAST ONE OF THE HEALTH INSURER'S  
13 PROVIDER NETWORKS.

14          8. "PROVIDER" MEANS A PHYSICIAN, HOSPITAL OR OTHER PERSON THAT IS  
15 LICENSED IN THIS STATE OR THAT IS OTHERWISE AUTHORIZED TO FURNISH HEALTH  
16 CARE SERVICES IN THIS STATE.

17          9. "RECREDENTIALING" MEANS TO CONFIRM THAT A PARTICIPATING PROVIDER  
18 IS IN GOOD STANDING BY A HEALTH INSURER OR ITS DESIGNEE AND DOES NOT  
19 REQUIRE SUBMITTING AN APPLICATION OR GOING THROUGH A CONTRACTING AND  
20 LOADING PROCESS.

21          10. "SUBSCRIBER" MEANS A PERSON WHO IS ELIGIBLE TO RECEIVE HEALTH  
22 CARE BENEFITS PURSUANT TO A HEALTH INSURANCE POLICY OR COVERAGE ISSUED OR  
23 PROVIDED BY A HEALTH INSURER.

24           20-3402. Requirements for electronic application submission

25          A. A HEALTH INSURER SHALL ESTABLISH A PROCESS FOR THE ELECTRONIC  
26 SUBMISSION OF A CREDENTIALING APPLICATION. ON OR BEFORE DECEMBER 31,  
27 2019, THE HEALTH INSURERS SHALL ADOPT AND IMPLEMENT A STANDARD  
28 APPLICATION.

29          B. ON OR BEFORE DECEMBER 31, 2019, TO THE GREATEST EXTENT POSSIBLE,  
30 A HEALTH INSURER SHALL ESTABLISH AN ELECTRONIC PROCESS TO SUBMIT  
31 SUPPORTING DOCUMENTATION FOR A CREDENTIALING APPLICATION.

32           20-3403. Credentialing; loading; timelines; exception

33          A. EXCEPT AS PROVIDED IN SUBSECTION C OF THIS SECTION, THE HEALTH  
34 INSURER SHALL CONCLUDE THE PROCESS OF CREDENTIALING AND LOADING THE  
35 APPLICANT'S INFORMATION INTO THE HEALTH INSURER'S BILLING SYSTEM WITHIN  
36 ONE HUNDRED CALENDAR DAYS AFTER THE DATE THE HEALTH INSURER RECEIVES A  
37 COMPLETE APPLICATION.

38          B. A HEALTH INSURER SHALL PROVIDE WRITTEN OR ELECTRONIC NOTICE OF  
39 THE APPROVAL OR DENIAL OF A CREDENTIALING APPLICATION TO AN APPLICANT  
40 WITHIN SEVEN CALENDAR DAYS AFTER THE CONCLUSION OF THE CREDENTIALING  
41 PROCESS.

42          C. IF A LICENSED HEALTH CARE FACILITY HAS A DELEGATED CREDENTIALING  
43 AGREEMENT WITH A HEALTH INSURER, THE HEALTH INSURER IS NOT RESPONSIBLE FOR  
44 COMPLIANCE WITH THE TIMELINE PRESCRIBED IN SUBSECTION A OF THIS SECTION  
45 FOR AN APPLICANT WHO WORKS FOR THAT FACILITY, BUT SHALL CONCLUDE THE

1 LOADING PROCESS FOR THAT APPLICANT WITHIN TEN CALENDAR DAYS AFTER THE  
2 HEALTH INSURER RECEIVES A ROSTER OF DEMOGRAPHIC CHANGES RELATED TO NEWLY  
3 CREDENTIALLED, TERMINATED OR SUSPENDED PARTICIPATING PROVIDERS.

4 20-3404. Acknowledgement of receipt of an application;  
5 notification of incomplete applications

6 A. A HEALTH INSURER SHALL PROVIDE WRITTEN OR ELECTRONIC  
7 ACKNOWLEDGEMENT TO AN APPLICANT WITHIN SEVEN CALENDAR DAYS AFTER THE  
8 HEALTH INSURER'S RECEIPT OF THE APPLICANT'S APPLICATION. THE APPLICANT  
9 SHALL INCLUDE IN THE APPLICATION A CONTACT NAME, TELEPHONE NUMBER AND  
10 E-MAIL ADDRESS TO ADDRESS DISCREPANCIES IN THE APPLICATION.

11 B. ON RECEIPT OF AN APPLICATION, A HEALTH INSURER SHALL PROMPTLY  
12 REVIEW THE APPLICATION TO DETERMINE IF THE APPLICATION IS COMPLETE.

13 C. IF THE HEALTH INSURER DETERMINES THAT THE APPLICATION IS  
14 INCOMPLETE, THE HEALTH INSURER SHALL NOTIFY THE APPLICANT IN WRITING OR BY  
15 ELECTRONIC MEANS THAT THE APPLICATION IS INCOMPLETE WITHIN SEVEN CALENDAR  
16 DAYS AFTER THE DATE THE HEALTH INSURER RECEIVED THE APPLICATION. THE  
17 NOTICE SHALL INCLUDE A DETAILED LIST OF ALL OF THE ITEMS REQUIRED TO  
18 COMPLETE THE APPLICATION. A HEALTH INSURER MAY REQUEST SUPPLEMENTAL  
19 INFORMATION TO COMPLETE THE CREDENTIALING PROCESS.

20 D. IF THE HEALTH INSURER DOES NOT SEND THE NOTICE TO THE APPLICANT  
21 WITHIN THE REQUIRED TIME FRAME SPECIFIED IN THIS SECTION, THE APPLICATION  
22 IS DEEMED COMPLETE FOR THE PURPOSES OF SECTION 20-3403.

23 E. IF THE HEALTH INSURER NOTIFIES THE APPLICANT OF AN INCOMPLETE  
24 APPLICATION IN COMPLIANCE WITH SUBSECTION C OF THIS SECTION, THE TIME  
25 PERIODS SPECIFIED UNDER SECTION 20-3403 ARE TOLLED, AND THE APPLICATION IS  
26 SUSPENDED FROM THE DATE THE NOTIFICATION WAS SENT TO THE APPLICANT UNTIL  
27 THE DATE ON WHICH THE HEALTH INSURER RECEIVES THE INFORMATION FROM THE  
28 APPLICANT TO COMPLETE THE APPLICATION. IF THE HEALTH INSURER HAS NOT  
29 RECEIVED ANY RESPONSE PROVIDING THE REQUESTED INFORMATION IN SUBSECTION C  
30 OF THIS SECTION FROM THE APPLICANT AFTER THIRTY CALENDAR DAYS, THE INSURER  
31 MAY DEEM THE APPLICATION WITHDRAWN.

32 F. ON RECEIPT OF A COMPLETE APPLICATION, A HEALTH INSURER MUST SEND  
33 THE APPLICANT A PROPOSED CONTRACT THAT IS COMPLETE AND READY FOR EXECUTION  
34 BY THE PARTIES.

35 G. A HEALTH INSURER THAT ENTERS INTO A DELEGATED CREDENTIALING  
36 AGREEMENT WITH A LICENSED HEALTH CARE FACILITY OR THAT PARTICIPATES IN A  
37 HEALTH INSURER CREDENTIALING ALLIANCE WITH EQUIVALENT OR HIGHER STANDARDS  
38 THAN AS PRESCRIBED IN THIS SECTION IS DEEMED TO BE IN COMPLIANCE WITH THE  
39 REQUIREMENTS OF THIS SECTION.

40 20-3405. Reported discrepancies; corrective action

41 A HEALTH INSURER SHALL TAKE REASONABLE STEPS TO CORRECT  
42 DISCREPANCIES IN THE PROVIDER OR NETWORK PLAN DIRECTORY WITHIN THIRTY  
43 CALENDAR DAYS AFTER RECEIVING A WRITTEN OR ELECTRONIC REPORT OF THE  
44 DISCREPANCY FROM A PARTICIPATING PROVIDER. A PARTICIPATING PROVIDER SHALL  
45 NOTIFY A HEALTH INSURER OF ANY CHANGE IN THE PROVIDER'S NAME, ADDRESS,

1 TELEPHONE NUMBER, BUSINESS STRUCTURE OR TAX IDENTIFICATION NUMBER WITHIN  
2 TEN BUSINESS DAYS AFTER MAKING THE CHANGE.

3 20-3406. Covered services; claims

4 A HEALTH INSURER MAY NOT DENY A CLAIM FOR A COVERED SERVICE PROVIDED  
5 TO A SUBSCRIBER BY A PARTICIPATING PROVIDER WHO HAS A FULLY EXECUTED  
6 CONTRACT WITH A NETWORK PLAN IF THE COVERED SERVICES ARE PROVIDED AFTER  
7 THE DATE OF APPROVAL OF THE CREDENTIALING APPLICATION.

8 20-3407. Availability of credentialing information; policies

9 A. A HEALTH INSURER SHALL MAKE THE FOLLOWING NONPROPRIETARY  
10 INFORMATION AVAILABLE TO ALL APPLICANTS FOR CREDENTIALING AND SHALL POST  
11 THE INFORMATION ON ITS WEBSITE:

12 1. THE APPLICABLE CREDENTIALING POLICIES AND PROCEDURES.

13 2. A LIST OF ALL THE INFORMATION REQUIRED TO BE INCLUDED IN AN  
14 APPLICATION.

15 3. A CHECKLIST OF MATERIALS THAT MUST BE SUBMITTED IN THE  
16 CREDENTIALING PROCESS.

17 4. DESIGNATED CONTACT INFORMATION, INCLUDING A DESIGNATED POINT OF  
18 CONTACT, AN E-MAIL ADDRESS AND A TELEPHONE NUMBER TO ADDRESS ANY  
19 CREDENTIALING INQUIRIES.

20 B. ON COMPLETION OF THE CREDENTIALING PROCESS, A HEALTH INSURER  
21 SHALL MAKE ALL NONPROPRIETARY INFORMATION PERTAINING TO A PROVIDER'S  
22 CREDENTIALING APPLICATION AND FINAL DECISION AVAILABLE TO THE APPLICANT ON  
23 REQUEST, IF ALLOWED BY LAW.

24 20-3408. Recredentialing

25 A. A HEALTH INSURER OR ITS DESIGNEE MAY RECREDENTIAL PARTICIPATING  
26 PROVIDERS AT LEAST ONCE EVERY THIRTY-SIX MONTHS AND MORE FREQUENTLY IF  
27 REQUIRED BY FEDERAL OR STATE LAW OR THE HEALTH INSURER'S ACCREDITATION  
28 STANDARDS, OR IF PERMITTED BY THE HEALTH INSURER'S CONTRACT WITH THE  
29 PARTICIPATING PROVIDER. NOTHING IN THIS SECTION SHALL AFFECT THE CONTRACT  
30 TERMINATION RIGHTS OF A HEALTH INSURER OR A PARTICIPATING PROVIDER.

31 B. A PARTICIPATING PROVIDER REMAINS CREDENTIALLED AND LOADED IN THE  
32 HEALTH INSURER'S BILLING SYSTEM UNLESS THE HEALTH INSURER DISCOVERS  
33 INFORMATION THAT WOULD RESULT IN THE PARTICIPATING PROVIDER CEASING TO  
34 MEET THE HEALTH INSURER'S GUIDELINES FOR PARTICIPATION, IN WHICH CASE THE  
35 HEALTH INSURER SHALL PROVIDE THE PARTICIPATING PROVIDER A WRITTEN  
36 EXPLANATION FOR THE CHANGE IN STATUS.

37 20-3409. Civil immunity; enforcement; civil penalty

38 A. A HEALTH INSURER THAT COMPLIES IN GOOD FAITH WITH THE  
39 REQUIREMENTS OF THIS CHAPTER IS IMMUNE FROM CIVIL LIABILITY FOR THE  
40 PURPOSES OF REVIEWING AND APPROVING A CREDENTIALING APPLICATION.

41 B. THE DIRECTOR OF INSURANCE SHALL ENFORCE THIS CHAPTER. A HEALTH  
42 INSURER THAT FAILS TO COMPLY WITH THIS CHAPTER OR WITH ANY RULES ADOPTED  
43 PURSUANT TO THIS CHAPTER IS SUBJECT TO THE CIVIL PENALTIES PRESCRIBED IN  
44 SECTION 20-456.

1 C. ON RECEIPT OF MULTIPLE COMPLAINTS OF VIOLATIONS OF THIS CHAPTER  
2 BY A HEALTH INSURER FROM APPLICANTS OR PARTICIPATING PROVIDERS, THE  
3 DIRECTOR OF INSURANCE SHALL CONDUCT AN EXAMINATION OF THE HEALTH INSURER  
4 PURSUANT TO SECTION 20-156, 20-831 OR 20-1058, AS APPLICABLE TO THE  
5 SPECIFIC INSURER.

6 Sec. 5. Effective date

7 This act is effective from and after December 31, 2018.

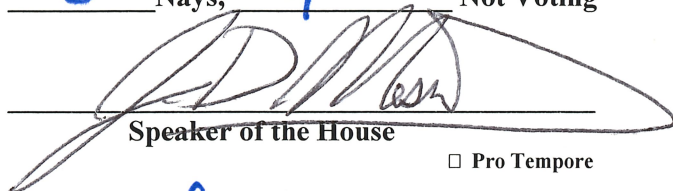
**APPROVED BY THE GOVERNOR APRIL 17, 2018**

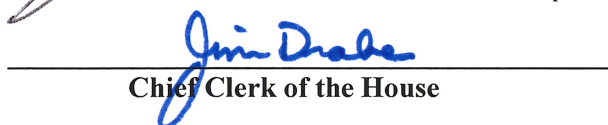
**FILED IN THE OFFICE OF THE SECRETARY OF STATE APRIL 17, 2018**

Passed the House February 22, 20 18

by the following vote: 56 Ayes,

0 Nays, 4 Not Voting

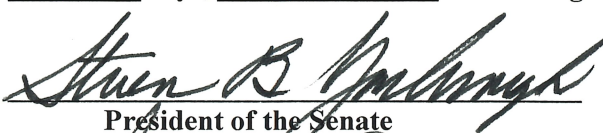
  
Speaker of the House  
☐ Pro Tempore

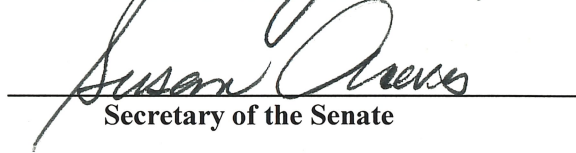
  
Chief Clerk of the House

Passed the Senate April 5, 20 18

by the following vote: 28 Ayes,

0 Nays, 2 Not Voting

  
President of the Senate

  
Secretary of the Senate

EXECUTIVE DEPARTMENT OF ARIZONA  
OFFICE OF GOVERNOR

This Bill received by the Governor this

~~\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_~~

~~at \_\_\_\_\_ o'clock \_\_\_\_\_ M.~~

~~\_\_\_\_\_  
Secretary to the Governor~~

Approved this \_\_\_\_\_ day of \_\_\_\_\_

~~\_\_\_\_\_~~

~~at \_\_\_\_\_ o'clock \_\_\_\_\_ M.~~

~~\_\_\_\_\_  
Governor of Arizona~~

EXECUTIVE DEPARTMENT OF ARIZONA  
OFFICE OF SECRETARY OF STATE

This Bill received by the Secretary of State

~~this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_~~

~~at \_\_\_\_\_ o'clock \_\_\_\_\_ M.~~

~~\_\_\_\_\_  
Secretary of State~~

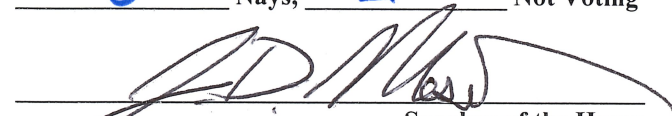
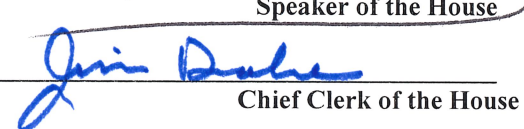
H.B. 2322

HOUSE CONCURS IN SENATE  
AMENDMENTS AND FINAL PASSAGE

April 11, 2018,

by the following vote: 58 Ayes,

0 Nays, 2 Not Voting

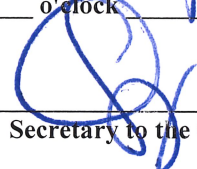
  
Speaker of the House  
  
Chief Clerk of the House

EXECUTIVE DEPARTMENT OF ARIZONA  
OFFICE OF GOVERNOR

This Bill was received by the Governor this

11<sup>th</sup> day of April, 2018,

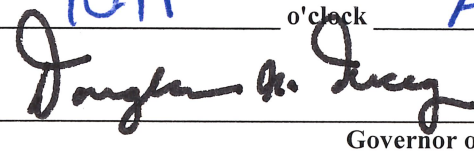
at 1:37 o'clock P. M.

  
Secretary to the Governor

Approved this 17<sup>th</sup> day of

April, 2018,

at 10:11 o'clock A. M.

  
Governor of Arizona

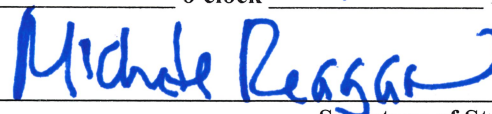
EXECUTIVE DEPARTMENT OF ARIZONA  
OFFICE OF SECRETARY OF STATE

This Bill was received by the Secretary of State

this 17 day of April, 2018,

H.B. 2322

at 5:21 o'clock P. M.

  
Secretary of State